

*Hanson Realty  
Gary*

691099

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

2  
113289-82

Clara Riga, being first duly sworn upon oath, deposes and says:

1. That her husband ~~his~~wife, John Riga died without leaving a will on December 17, 1980 at Broadway Methodist Hosnital.
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 33 and the South 1/2 of Lot 32 in Block 3 in Kelwood Addition to Gary, as per plat thereof, recorded in Plat Book 13 page 14, in the Office of the Recorder of Lake County, Indiana

**FILED**

# 45-212-35

DEC 17 1982

STATE OF INDIANA  
LAKE COUNTY  
RECORDER  
WILLIAM J. JESKI JR  
DEC 17 11 30 AM '82

*Louis O. Brant*  
AUDITOR LAKE COUNTY

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal estate tax purposes, including joint bank accounts and life insurance on decedent's life, did not equal or exceed \$60,000.00.

Further affiant sayeth not.

*X Clara Riga*  
Clara Riga

Subscribed and sworn to before me this 15th day of December 1982

*Connie M. Yates*  
Notary Public

Connie M. Yates, Resident of Lake County, Ind.

My Commission expires:  
7-10-83

Prepared by William Stanson

618  
*P.A.  
550*

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- 1
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- 12

FILED  
 FUNERAL HOME 242  
 FUNERAL DIRECTOR'S LICENSE No. 419  
 James Gholston  
 FUNERAL DIRECTOR'S LICENSE No. 968  
 Robert Wiatrolik  
 SIGNATURE

Local No. 1927-80

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. *Stanson Rely Gary*

DECEASED—NAME FIRST MIDDLE LAST <b>JOHN RIGA</b>		SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>DECEMBER 17, 1980</b>
RACE—(Specify) <b>White</b>	AGE—Last Birthday <b>83</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>April 21, 1897</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>		HOSPITAL OR OTHER INSTITUTION—(Name, if not in other; give street and number) <b>Broadway Methodist Hospital</b>	IF HOSP OR INST INDIAN DOC OF Leg. Em. (Specify) <b>Inpatient</b>
STATE OF BIRTH (if not in U.S.A.) <b>Italy</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (if wife, give maiden name) <b>Clara Ferraina</b>
SOCIAL SECURITY NUMBER <b>312 10 4239 A</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	KIND OF BUSINESS OR INDUSTRY <b>Youngstown Sheet &amp; Tube</b>
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Gary</b>	
STREET AND NUMBER <b>4456 Pennsylvania Street</b>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES OR NO) <b>yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST <b>Anthony Riga</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Catherine Faga</b>	
INFORMANT—NAME (Type or print) RELATIONSHIP <b>Clara Riga</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>4456 Pennsylvania St. Gary, Indiana 46409</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>Calumet Park Cem.</b>	LOCATION CITY OR TOWN STATE <b>Merrillville, Ind.</b>
DATE (MONTH DAY YEAR) <b>Dec. 20, 1980</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>Stilinovich, Palmer &amp; Wiatrolik 4213 Bdwy. Gary, Indiana 46409</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Seymour Oberlander</i>		DATE SIGNED (Mo., Day, Yr.) <b>12/18/80</b>	HOUR OF DEATH <b>6 A.M.</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Dr. S. Oberlander</b>			
MAILING ADDRESS—PHYSICIAN <b>3290 Grant Street Gary, Indiana</b>			
HEALTH OFFICER—SIGNATURE <i>Peers J. Frey M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>12-19-80</b>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Acute myocardial infarction</b>		Interval between onset and death <b>12 hours</b>	
(b) _____		Interval between onset and death	
(c) _____		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a)) <b>Chronic obstructive pulmonary disease</b>		AUTOPSY (Specify Yes or No) <b>Yes</b>	